

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 042

1000

971

63-031398

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
John Mabrey, M.D.
MEDICAL CERTIFICATION

FILED AUG 19 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Joseph

Length of stay in 1b

2 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Mo. Methodist Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Clinton

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

Gower

d. STREET
ADDRESS202 N. 1st St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Ira

Arthur Huffman

4. DATE
OF
DEATH

Month

Day

Year

Aug.

5

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Aug. 8, 1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Martinsville Ind.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James M. Huffman

13b. MOTHER'S MAIDEN NAME

Nora Avery

14. NAME OF HUSBAND OR WIFE

Lucile Huffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Lucile Huffman - Gower, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause for death)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia, Bacterial

INTERVAL BETWEEN
ONSET AND DEATH

2 wks.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART IChronic Duodenal ulcer complicated by Hemorrhage
1-2-60PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-2-60 to 8-5-63 and last saw him alive on 8-5-63
Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John P. Mabrey M.D.

22b. ADDRESS

Plattsburg, Mo.

22c. DATE SIGNED

8-7-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Aug. 8, 1963

23c. NAME OF CEMETERY OR CREMATORY

Allen Cemetery

23d. LOCATION (City, town, or county)

Gower

(State)

Mo.

24. FUNERAL DIRECTOR

Clarence E. Hixson - Gower, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Aug. 16, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Hodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

Permit issued 8-7-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence E. Hinson

Licensed Embalmer No. 5122

P. O. Address Gower, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.